

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521099

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT		3 RD AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
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TOTAL IND.			4			
TOTAL DEP.		←	8	←		←
TOTAL CLAIMS			12			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT		3 RD AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS					↓	